


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90043 045 ***150.00

DOCUMENT # 287763
1. Entity Name
MEDICAL ARTS CENTER INC



Principal Place of Business
**4600 N. HABANA AVE.
TAMPA, FL 33614**

Mailing Address
**C/O JACOB REAL ESTATE SERVICES, INC.
P.O. BOX 2757
TAMPA, FL 33601-2157**

40016380



| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01162007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent
**JACOB REAL ESTATE SERVICES, INC.
C/O JAMES C. JACOB
1200 WEST PLATT STREET, STE. 204
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name
Jacob Real Estate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
607 W. Bay St.

Tampa, Fl 33606

City **FL** Zip Code

4. FEI Number
59-1195678

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **James C. Jacob, CCIM** DATE **1/26/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**


10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C DOMINGUEZ, JOSE JR MD 6345 MADACA LANE TAMPA, FL 33618 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T VALER, MARK DR. 3003 DR. MARTIN LUTHER KING BLVD TAMPA, FL 33607 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP HAEDICKE, GEORGE MD 4600 N HABANA AVENUE #22 TAMPA, FL 33614 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOMINGUEZ, JOSE SR MD 4600 N HABANA AVE, #20 TAMPA, FL 33614 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRAVER, LEOPOLDO DR. 4600 N. HABANA #29 TAMPA, FL 33614 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Coto, Humberto, Dr. 4600 N.Habana Ave #4 Tampa, Fl 33614 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an attachment to an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #